

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:06

9-16-05  
2003

DOCUMENT # 504000011624

1. Limited Liability Company's Name

Williams Tree Service

2. Principal Office Address

473 Spruce St.

Suite, Apt. #, etc.

3. Mailing Office Address

473 Spruce St.

Suite, Apt. #, etc.

City & State

New Smyrna Bch, FL

Zip

32168

Country

USA

City & State

New Smyrna Bch, FL

Zip

32168

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

2003

6. FEI Number

134219478

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Arthur L. Williams, Jr

600082623336

01/04/07--01040--002 \*\*50.00

Street Address (P.O. Box Number is Not Acceptable)

473 Spruce St.

600082623336

12/15/06--01011--015 \*\*150.00

Suite, Apt. #, Etc.

City

New Smyrna Bch

State

FL

Zip Code

32168

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

*[Signature]*

Date 12-13-06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Arthur L. Williams, Jr.	473 Spruce St	New Smyrna Bch, FL 32168
MGR	Russelle V. Williams	473 Spruce St	New Smyrna Bch, FL 32168
			05-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

*[Signature]*

Date

12-13-06

Daytime Phone #

386-423-3616

Typed or printed name of signing Managing Member/Manager

*[Signature]*

Russelle V. Williams